of the membrane of the larynx, the pharynx, the epiglottis, under which death from asphyxia may suddenly occur—morbid association of the action of the muscles of glottis and respiration, in consequence of which the cough continues from mere habit, or is reproduced by the most trivial irritation of the air passages; reflex irritation, often passing into inflammation of the nervous centres of the pneumogastric nerves, involving those of the phrenic nerves also; and finally, these reflex affections may extend to the whole of the brain, or to the medulla oblongata and their meninges, and prove fatal by inducing general convulsions or hydrocephalus. All these, be it observed, are pathological conditions of the nervous system which have been so constantly put forward in high relief by the advocates of the nervous theory as proximate causes of the disease itself.

"The 2d class of tertiary phenomena include the various congestive and inflammatory affections that result from the mechanical disturbance of respiration and circulation, and the extension of the primary bronchial inflammation to the trachea, larynx, and pharynx, and the tissues of the lungs themselves. Epistaxis, hæmoptysis, and fatal emphysema from extensive rupture of the air-cells, have occurred within my own experience, and have apparently resulted from the mechanical violence of the cough acting upon tissues previously weakened by disease.

"Of the 3d class I have only to observe, that in the absence of cerebral or pulmonary inflammation, the fever of the third stages is always asthenic, and often assumes a remittent type when the cachexia is of a marasmic character.

"The evidences of the truth of this theory, upon which I place reliance, are—the testimony of adults, who have been attacked by the disease, to the unusual and excessively saline taste of the expectoration so long as the paroxysms are severe—the resemblance of the expiratory efforts in hooping-cough to those made by the excito-motory system, for the expulsion of a foreign body from the larynx; the very adequate explanation it affords both of the extraordinary and spasmodic muscular actions which accompany the cough, and of its occurrence in paroxysms after intervals of uncertain duration; and lastly, the key which it furnishes to the chaotic host of apparently opposite remedies that have obtained professional or popular reputation in its treatment.

"Of these remedies, we find one group adapted to lessen the original bronchial affection, and favour the expulsion of the offending mucus—as emetics, antimonials, and counter-irritants applied over the chest; another, which acts by altering the quality of the secretion, as the alkaline carbonates, ammonia, and the sulphuret of potass, so strongly recommended by Dr. Blaud himself; another, by exciting a new action in the bronchial membrane; and constringing the vessels, put a stop to the secretion in a manner perfectly familiar to the physician in chronic bronchitis, and to the surgeon in purulent ophthalmia—the superacetate of lead, alum, common resin, T. cantharides in Bals. Copaibæ, tar vapour, and even the inhalation of nitrous vapour, &c. Others, again, as musk, both native and artificial, camphor, arsenic, conium, belladonna, opium, and hydrocyanic acid, are more especially adapted for the nervous lesions; and antiphlogistic measures meet the inflammatory lesions of the third or complicated stage."

These views were opposed by Dr. Golding Bird, Dr. Gull, Dr. Munk, and Dr. Barlow, and supported by Mr. Blenkarne, and the author of the paper. In the absence of chemical demonstration, Dr. Bird held that no reliance could be placed on the fallacious test of taste brought forward to prove the existence of a saline secretion, and supported the theory of Desruelles, which views the disease as at first inflammatory, and afterwards spasmodic, by a reference to its pathology and symptoms. He contended that alkalies are serviceable, by rendering the mucus more soluble and easy of expectoration, and not by changing its irritating quality. Dr. Munk and Dr. Barlow believed the true proximate cause of the disease to be a contagious miasm; the former considered it a true blood disease, and the paroxysm as essentially referable to spasm. Mr. Blenkarne thought the views advanced worthy of great consideration, as they afforded something like intelligible grounds for the employment of remedies.—*Lond. Med. Gaz.*, Nov., 1844.

21. *Compression of the Carotids in Cephalalgia.*—This means formerly recommended by M. Blaud, has been employed with success by Dr. Dechang, in

several cases. Some of these are recorded by him in the *Annales de la Soc. de Med. d'Anvers*, for May last.

22. *Unusual form of Intussusception of the Colon.*—Dr. HARRISON communicated to the Surgical Society of Ireland, (Feb. 15, 1845,) the following case. The patient, when first seen by Dr. H., was much emaciated, and with a countenance expressive of great suffering and distress, such as is observed in internal malignant disease. Vomiting was so incessant that the patient could hardly speak. On examination, a tumour about the size of an orange was found near the umbilicus, between it and the ribs of the left side; it could be moved up and down, and was free from pain at times, except on pressure. Dr. H. was much in doubt about the nature of this tumour, but formed a conjecture that it was a malignant growth from the omentum between the colon and stomach. He saw that it could not be an aneurism, and its situation was too low to induce him to suppose the disease was connected with either the liver, spleen, or stomach. He would not enter into a detail of the various remedies employed, all of which completely failed to give the slightest relief. The poor man was at times very free from suffering, but at others he would scream out and say—"Kill me, or cut me open!" The only medicine that at all benefited him was opium, which he continued to take till his death. On examination of the abdomen after death, very little appearance of disease presented itself at first. There was no general inflammation of the peritoneum or of the omentum; but on raising up the latter structure, and examining the colon, an intussusception of this intestine was seen to have taken place, the descending portion of it being carried up to the transverse arch, probably for an extent of three or four inches. The transverse arch being laid open, Dr. Harrison exhibited the lower portion of intestine lying in the upper, with its orifice resembling an os uteri, projecting into a dilated vagina; this contracted appearance of the orifice might, he thought, in some degree, account for the violence of the pain that had been suffered. The intussuscepted portion of the intestine was found in an ulcerated condition, accounting for the unhealthy discharge that had existed during life. Here was a very remarkable form of intussusception totally unlike those usually seen. When Hunter, in speaking of the affection, observes that such an occurrence is possible, he talks of the two species of the disease—the one progressive, in which the invagination may go on increasing from above downwards—the other, the retrograde form, the lower portion of the tube being received into the upper, as in the case under consideration; however, he gives no example of this occurrence. Sir Everard Home mentions one case of the retrograde species in the small intestines—a point in which the present case possessed additional interest, for the intussusception was here situated in the colon, while the small intestines or the cœcum are the parts usually involved. Cruveilhier had never met with this form of the disease, and gives no plate representing the affection. Various opinions respecting the nature of the case were entertained, not one who saw it having diagnosed it, except indeed Dr. Law, who, when he first examined the patient, at once observed that he knew of nothing it resembled so strongly as intussusception. For himself, he must confess he had not for a moment formed such an opinion. No remedy is known for the disease; the boasted one of the ancients—metallic mercury—being found to be as inefficacious as the rest; purgatives given by the mouth can effect nothing; Hunter says they generally do more harm than good; he conceives that violent vomiting might reverse the peristaltic action, but he (Dr. Harrison) believed very little reliance could be placed on any aid of a mechanical nature. With the exhibition of opium and perfect quiet, it might be hoped that an adhesion would take place between the opposed serous surfaces of the intestine and the internal cylinder, by this means gradually discharged by the anus; for many cases have been observed in which so many as two or three feet of intestine had come away. The present case, in which no hope of a favourable issue could be at all calculated on, might (had a diagnosis of its true nature been made) have been a good one for the lumbar operation. Had an opening been made in the right lumbar colon, a little above the cœcum, it might reasonably be expected that he would have survived. With regard to the operation of opening the colon in the lumbar region, it appeared to him, judging anatomically, that the right ought to be chosen in prefer-